U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only		
E	/ ST1820		

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Dubuque  State  Iowa  ZIP Code + 4 52001  State  Iowa  ZIP Code + 4 52001  Iness Agent  Iness Ag	4. Name, file number, and acdress of labor organization.  Name General Drivers and Helpers Union Local 421  Labor Organization File Almber  P.O. Box, Building and Room Number, if any  Street 195 E. 14 th St.  City Dubuque  State Towa.  ZIP Code + 4 [52001]  Insurand Mail Common annowable before: Transaction of Income.  The Amount.				
4. Name, file number, and acdress of labor organization.  Name   Ceneral Drivers and Helpers Union Local 421   Labor Organization File Alumber   Labor Organization File Alumber	4. Name, file number, and excires of labor organization.  Name General Drivers and Helpers Union Local 421  Labor Organization File Number  P.O. Box, Building and Room Number, if any,  Street 195 E. 14 th St.  City Dubuque  195 E. 14 th St.  City Dubuque  State 195 E. 14 th St.  City Dubuque  A Bastrock Number of the final state of the instructions):  Name Addressed to the state of the instructions of the following interests in the exclusions set forth in the instructions:  Name Addressed to the state of the instructions of of the i	1, File	le Number U - 11065		2. Fiscal Year Covered From
Street 195 E. 14th St  City Dubuque  State 195 E. 14th St  City Dubuque  State I Journ  City Dubuque  State I Journ  State I Journ  State I Journ  City Dubuque  State I Journ  State I Journ  City Dubuque  State I Journ  State I Journ  City Dubuque  State I Journ  City Dubuque  State I Journ  State I Journ  City Dubuque  City Dubuque  State I Journ  City Dubuque  City Dubuque  State I Journ  City Dubuque  City Dubuque  City Dubuque  State I Journ  City Dubuque  City City City City City City City City	Street 195 E. 14 th St  City Dubuque  State Town Dubuque  Town Spouse or minor child directly or indirectly had any of the following interests in the exclusions set forth in the instructions):  I with, or derived income or other economic benefit of regalization represents or is actively seeking to represent.  7.a. Nature of interest, Transaction, or income.  NA  T.b. Amount.  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				1 / 1 / 2004 Through: 12 / 31 / 2004
ess Mail ess Mail ess Mail ess Mail ess Mail ess Mail Addressce No Diver No Signature	State ZIP Code + 4  Signature  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	Article Number (Transfer from service label) 70050390 8064 6	Pilit your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  Deapt, of Labc:  Pley much Stundards Admin.  Pley much Stundards Admin.  Pley much Stundards Admin.  So Constitution Ave, Nw Rm. N 5616.  Shington, UC 2021  4.	and 3. Also complete  and 3. Also complete  A. Signature  Y  Y  Y  A. Signature	4. Name, file number, and acdress of labor organization.  Name General Drivers and Helpers Union Local. 421  Labor Organization Flie Number  P.O. Box, Building and Room Number, if any  Street 195 E. 14th St  City Dubuque  State Lowa ZIP Code + 4 52001  Agent  Duse or minor child directly or indirectly had any of the following interests usions set forth in the instructions):  derived income or other economic benefit of ion represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
	undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	3 8 9 65 Sta	om item 1?	de + 4  Significant Significan	7.b. Amount.  nature  f Perjury and other applicable penalties of the law, that all of the information

The transactions, dealings and interests that are reported in the attached LM-30 FormLM-30 (2003) represent my good faith effort to reconstruct any portable occurrences Page 1 of 2 for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar

Name of Person Filing John W Rosenthal	File Number U-					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any).	9. Business deals with:					
Name NA  Trade Name, if any:	a. Labor Organization					
P.O. Box, Bldg., Room No., if any	b. Trust  c. Employer					
Street						
State ZIP Code + 4						
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.					
Name NA	NA					
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street	11.b. Approximate dollar va'ue of such dealing.					
City	12.a. Nature of interest held or income received.					
State ZIP Code + 4	NA NA					
	12.b. Amount.					
C. Received from any employer (other than an employer covered under	or nate A and B above)					
or from any labor relations consultant to an employer any payment of money	or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.					
Name NA	NA					
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street						
State ZIP Code + 4						
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.					